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CONTENTS.

ORIGINAL COMMUNICATIONS:

NOTES OF PRACTICE AT THE INDIANA REFORMATORY FOR WOMEN AND GIRLS: SULPHATE OF CINCHONIDIA IN INTERMITTENT FEVER—ERGOT IN INTESTINAL HEMORRHAGE—THE ELASTIC LIGATURE FOR VENEREAL WARTS— BELLADONNA IN INCONTINENCE OF URINE—LONG RETENTION OF FOREIGN BODIES BEHIND THE SCALP—CURE OF AN OPIUM-EATER—ADENIA IN A GIRL OF ELEVEN YEARS, AND FATAL IN SIX MONTHS. BY THEOPHILUS PARVIN, M. D.....	193
BATTEY'S OPERATION. BY D. W. YANDELL, M. D., AND ELY McCLELLAN, M. D.	200
SECONDARY PERINEAL TRAUMATISM—PERFECT UNION WITHOUT SUTURES— RECTUM UNIMPAIRED. BY GEO. N. MONETTE, M. D.....	214
ADDISON'S DISEASE. BY D. W. LAMME, M. D.....	216
SUCTION OR ATMOSPHERIC PRESSURE IN HERNIA AND ILEUS. BY D. M. LIPSCOMB, M. D.....	217
REVIEWS	221
CLINIC OF THE MONTH.....	233
NOTES AND QUERIES.....	233

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THE AMERICAN PRACTITIONER.

OCTOBER, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

NOTES OF PRACTICE AT THE INDIANA REFORMATORY FOR WOMEN AND GIRLS.

BY THEOPHILUS PARVIN, M. D.

The Indiana Reformatory for Women and Girls, located at Indianapolis, was opened in October, 1873. It embraces a penal department, in which women convicted of crime are imprisoned, and a reform department, in which girls under sixteen years of age, whose misconduct has been such that their parents may request their admission, others found in houses of prostitution or engaged in minor vice or homeless and friendless, are received. All the inmates receive religious instruction, and those in the reform department secular as well. All are taught too some useful labor; just now glove-making is quite largely and successfully carried on.

The building is large and well ventilated; the food of the inmates is simple but substantial, milk once a day constituting a part; and during the nearly two years that I have been physician to the institution there has been no serious

epidemic, but few cases of dangerous illness, and only one death.

The Reformatory is under the direct government of females: a lady superintendent, Mrs. S. J. Smith, a matron, and several teachers; and indeed so admirably is it conducted that no one could study its working without being converted to a gynecocracy, at least for females.

So much in explanation of the field where these *notes* have been taken seemed advisable at first. Believing that those who are honored with appointments to public institutions—thus having peculiar facilities for observing the action of remedies, for following the history of cases, and meeting sometimes with extraordinary cases—are under special obligations to their professional brethren, this contribution is made, even though its value may not be great, hoping in the near future to present an elaborate paper devoted to the clinical study of menstruation and its disorders.

Without further preliminaries there will be now given the results of some remedies and brief reports of a few individual cases.

SULPHATE OF CINCHONIDIA IN INTERMITTENT FEVER.

Nearly two months ago I commenced the use of sulphate of cinchonidia. It was administered in a solution* made by adding to one ounce of the salt two fluid ounces of aromatic sulphuric acid and fourteen fluid ounces of water. A tea-spoonful or one fluid drachm of this solution would therefore represent three grains and three quarters of the sulphate.

* Since writing the above, some three weeks ago, many new cases of "intermittent" have occurred at the Reformatory, and they have been characterized by greater gastric disturbance and greater obstinacy to the action of remedies. For the former reason I have replaced the solution mentioned by pills of the sulphate of cinchonidia, tartaric acid, and water (this is an admirable way of making pills); and for the latter I have given the sulphate in larger doses; in one instance forty grains within twelve hours. The general result has been still quite satisfactory. In the few instances where the remedy failed to arrest the disease it was not given in sufficient quantity or was rejected by vomiting.

The number of cases of intermittent fever treated with this preparation was twenty-four: two quotidiants, one quartan, and the rest tertians. Immediately upon the manifestation of the disease two tea-spoonfuls of the solution previously mentioned were given, and continued three times—adults four times—a day for three days; then, in order to prevent a relapse, two tea-spoonfuls twice a day for one month. In no instance did it fail to promptly arrest the disease, and in no case has there been a recurrence save when there was a failure to take the remedy as directed. In a case of Wood's *pernicious fever* I did not think it right to risk the cinchonidia, but gave quinia; nor have I yet tried it in malarial neuralgia, having had such long-established confidence in the value of quinia with morphia and the English extract of belladonna in this disorder; but with these exceptions the sulphate of cinchonidia is almost the sole reliance as an antiperiodic in my practice at the Reformatory.

ERGOT IN INTESTINAL HEMORRHAGE.

Mrs. A., convict for life, now about fifty-six years of age, is subject, and has been for years, to frequent attacks of hemorrhage from the bowels, lasting from two to three weeks. There are no hemorrhoids; the rectum is healthy. The only associated phenomenon seeming to have any causal significance is great tenderness in the right hypochondrium, and only latterly can there be detected a decided enlargement of the right lobe of the liver, indicative from its hardness and form of at least the possibility of malignant disease.

It is not necessary to detail the various remedies this patient had for the hemorrhage, and which did no good. Finally ergot was given, half a tea-spoonful of the fluid extract four times a day, and the result is always satisfactory. It does not cure the disease of which the hemorrhage is a symptom, and therefore the latter recurs; but it diminishes the flow within forty-eight hours, and usually stops it within four days.

THE ELASTIC LIGATION FOR VENEREAL WARTS.

P—, a girl about sixteen years of age, was brought from a city in the southern part of the state, where for nearly a year she had been living in prostitution. A few weeks after her arrival I made an examination, and found a most luxuriant wart-crop upon the external organs of generation. They extended from above the clitoris to the anus, and from the vulval orifice up the vagina. The growths presented every variety—filiform, cock's-comb, cauliflower. This girl had missed her "periods" three months, a fact that I did not know at that time, or the remarkable luxuriance of the vegetations would naturally have been attributed to pregnancy. The largest of the growths were removed by the elastic ligature first, then others by means of the powder of diacetate of copper and savine, and scissors used only for the smallest. Notwithstanding this limitation, when those within the vagina were attacked the hemorrhage was copious and obstinate.

Nearly six months afterward I was requested to examine this girl with reference to a possible pregnancy. I may mention in passing that her amenorrhœa persisted; but amenorrhœa during the first few months of life in the Reformatory, and especially in those suffering with venereal disease, is so common that at first it gave no ground for suspicion in this case. Without detailing the various steps in the examination, I could merely state that when the stethoscope was resorted to I felt confident of hearing the fetal heart, but after various efforts utterly failed. The attempt was abandoned for that day, with the intention of renewing it the next; but the intervening night she was delivered of a fully-developed fetus that had been dead some days.

Another fact of interest in this case was the occurrence of mammary abscess two weeks after her delivery, the first time I have ever known such an event where a woman did not nurse her child. But this girl had a severe eczema of

each breast, and the one in which the abscess occurred was the worse in this regard. Now it is probable, if we follow the teaching of Velpeau (*Diseases of the Breast*, Sydenham Society), and admit a lymphatic mammary inflammation, of which eczematous eruptions are regarded as among the ordinary causes, that the milk-secretion was entirely foreign to the inflammation and suppuration in this case.

BELLADONNA IN INCONTINENCE OF URINE.

Eight cases of urinary incontinence have been treated, the subjects of ages from twelve to seventeen years. In three the incontinence was diurnal as well as nocturnal; in most of them the emission occurred but once a night, in two twice, and in one three or four times. The majority dated the disorder from early childhood; at least they could not tell when they were not subject to it. In one girl, sixteen years old, it commenced a month after entering on prostitution, which was when she was thirteen years of age.

All of these girls had belladonna, from one eighth to one third of a grain,* at bed-time; those in whom the incontinence occurred in the day-time had also a morning dose; one who was very anaemic had muriated tincture of iron. All of these patients, except one, were cured; nevertheless relapses occurred in four upon the withdrawal of the remedy. The one uncured was she who had been a prostitute, and the cold shower-bath succeeded when the belladonna failed.

LONG RETENTION OF FOREIGN BODIES BENEATH THE SCALP.

Jennie, a negress and convict, was at times peculiarly moody and irritable, sleepless, and complaining of violent pain in the head. These attacks occurred once in three or four weeks, continued a few days, and then gradually subsided. Her story

* The only preparation of belladonna I ever voluntarily and hopefully use is the English extract. In these very cases, when the tincture was temporarily substituted, the result was null.

was that she was shot in the head by an overseer—she had been a slave—the first year of the war, and that ever since “gatherings” took place in her head. Upon examining the scalp I found various places from which matter apparently had been discharged, seams and scars of a literal *eruption*, while in others the skin was covered and the hair matted with eczematous secretions. After getting this accumulated matter removed by poultices and the diligent use of soap and warm water, I made incisions in different parts of the scalp where the tissues were most boggy and she complained of most pain, and as the result of this exploration removed two pieces of gun-wadding and a buck-shot. The patient soon recovered from the incisions, and, what is more important, there was an end of her old suffering and a revolution in her moral character. She continued perfectly well for more than a year, and then her old eczema returned; and one day she insisted there were some things in her head sticking like pins, and professed to be suffering therefrom most severely. Examining in the eczematous crusts just where she directed me, sure enough I found not pins nor spicula of cranial bones, as I expected, but two fish-bones! The fraud was exposed, and her intense blackness was probably all that hid her blushes of shame; but she has remained well ever since.

THE CURE OF AN OPIUM-EATER.

F—, a convict, forty-one years of age, but apparently fifty-five or sixty, has been an opium-eater for twenty years, the habit resulting from the use of opium to relieve neuralgia. She was thin, her hair almost white, and her skin dark and like wrinkled parchment. The quantity of crude opium used each week was generally one ounce and a half, though sometimes it was increased to three ounces. After some weeks spent in futile attempts to “taper off” and to partially replace the opium with Indian hemp, etc., the opium was at once withdrawn, and, notwithstanding her piteous implorations, the

withdrawal persisted in. A year has passed by, and those who knew F. as an opium-eater, and who had not seen her until now, would hardly recognize her, so great has been the improvement in her general health and appearance.

So far as this case teaches us, the way to quit opium-eating is to quit, to quit at once and forever; not to gradually unloose the coils of this serpent-habit, but to slay it outright.

De Quincey is an illustrious instance of the utter failure of the temporizing and "tapering-off" policy; for whatever his own statements may indicate, and whatever we may be told in biographical sketches, he continued a slave to opium to the last, as the writer was assured by a lady in Edinburgh at whose house he was a frequent visitor, and who more than once, at unseasonable hours, had to hunt for laudanum to satisfy the cravings of this master-appetite of the famous "English opium-eater."

ADENIA IN A GIRL OF ELEVEN YEARS, AND FATAL IN SIX MONTHS.

The first symptom to which my attention was called in this case was glandular enlargement in the left submaxillary region. The child seemed quite delicate, but I could learn nothing of her past history, save that her mother had died of pulmonary consumption. She was given cod-liver oil with the compound liquor of iodine, and the tincture of iodine was used locally. Soon after there were similar enlargements on the right side, but they never equaled in size those of the left; then the cervical glands were affected on each side; then the axillary and inguinal; and dyspnœa and cough, existing independently of pulmonary or cardiac disease, indicated the affection of the bronchial glands. The enlargements were indolent, no indication of suppuration, and were not sensitive, but produced great distress by pressure, especially those in the left axilla and groin, which, like their associates in the neck and under the maxilla, were decidedly larger than the

corresponding ones of the right side. Any movement of the left arm or the left thigh was very painful; and the left arm finally was held out from the trunk, almost like the wing of a bird just commencing to fly. No enlargement of the liver or spleen could be detected, but the mesenteric glands were affected.

The patient, in spite of nutrients and tonics, steadily emaciated, grew weaker, and died after only six months' illness.

This disease, first described by Hodgkin (*Medico-Chirurgical Transactions*, 1832), and hence sometimes called by his name, had the name *adenia* given it by Troussseau. A very interesting paper upon the subject by Dr. William Carson, of Cincinnati, will be found in the *Western Journal of Medicine*, February, 1868.

The chief peculiarity in this case was its rapid progress to a fatal termination. Death is usually anticipated by the disease from one to two years, but here the commencement of the malady was only six months before the fatal issue.

INDIANAPOLIS.

BATTEY'S OPERATION.

BY D. W. YANDELL, M.D., AND ELY M'CLELLAN, M.D.

Dr. Battey, of Georgia, having recently done a series of operations in the city of Louisville, several of which we witnessed, we sought an interview with him, and elicited information which we deem of interest to the medical profession. The following is the purport of the interview:

YANDELL—What first suggested the idea of this operation to your mind?

BATTEY—I had charge of a young lady of twenty-one, who had no uterus, but with an active menstrual molimen,

whose heart was broken down by the strain upon it in the monthly vascular excitement; which were unrelieved, and of which she died. It occurred to me that if I could but divest her of her ovaries the balance would be restored. I searched in vain for a precedent; I dared not to make one.

YANDELL—You have performed what you at first called "normal ovariotomy" how many times in Louisville?

BATTEY—Six times.

YANDELL—Have you removed in these cases one or both ovaries?

BATTEY—From one case one ovary; from another both ovaries at two operations; from three cases both ovaries at one operation.

YANDELL—Are you the originator of this operation, or does your procedure differ from that of other ovariotomists so as to make it an original operation?

BATTEY—I believe the removal of the ovaries with a view to effect the change of life at will is entirely original with myself, both in its conception and execution. I know of no one who desires to claim it for any one else.

YANDELL—in what respect does your operation differ from other methods of ovariotomy?

BATTEY—All other operators propose to remove *ovarian tumors* for the conservation of life and to relieve the patient of an intolerable burden. The vaginal ovariotomy of Thomas and Noeggerath only differs in the *route* by which the tumor is reached. It is my purpose to rid my patient, in the first place, of a *diseased or pernicious ovulation*; secondly, to avail myself of the great alterative changes in the nervous system which attend upon the *change of life*; and in doing so to revolutionize the whole female economy, and thus throw off an *otherwise incurable disease*. It is true that I remove diseased ovaries, frequently cystic; it is true that I sometimes know them to be cystic before removal; but they are organs which still have sufficient integrity of structure to keep up

ovulation, and it is to stop this diseased or pernicious ovulation that I operate, and to effect the change of life.

YANDELL—Under what circumstances do you think the operation demanded?

BATTEY—*In the case of any grave disease which is either dangerous to life or destructive to health and happiness, which is incurable by the recognized resources of our art, and which we may reasonably expect to remove by effecting the change of life.* I desire it to be distinctly understood that I do not propose it for amenorrhœa, nor dysmenorrhœa, nor nymphomania, nor for any other particular malady, but only for such conditions and cases as are alone curable by the change of life. *I do not propose it for any case curable by any other method or means.*

YANDELL—Will you describe your method of doing the operation?

BATTEY—I place the patient upon the left side, semi-prone, retract the perineum with an old-fashioned Sims's duckbill, having a broa! but rather short blade that is but little cupped, which I find very desirable. The cervix uteri is now seized with a stout volsella and drawn down under the pubic arch. The incision is made in the median line of the posterior vaginal *cul-de-sac* with scissors, and from an inch and a quarter to an inch and a half in length, the latter preferable. The incision extends at first down to the peritoneum, when, if there be no bleeding, the serous membran is opened. The speculum is now removed and the index finger passed into Douglas's fossa to hook down one of the ovaries and bring it into the vagina, while an assistant by pressing the hand upon the hypogastrium depresses the viscera in the pelvis. Occasionally there is advantage in turning the patient supine, that the viscera may gravitate into the pelvis. Often the use of a suitably-constructed forceps is required to assist in bringing down the ovary. A temporary ligature is cast around the base of the ovary, and the other organ similarly treated,

when they are removed by *écrasement*, about ten minutes being consumed in crushing the pedicle of each ovary, the temporary ligatures coming away with the ovaries. No suture is used in the vaginal wound, nor is any tent or drainage-tube employed, as a rule. In several of my cases the ovaries have been found to be bound down by old peritoneal adhesions, which required to be broken up by the finger, and in one case the ovary was literally dug out with the finger-nail.

YANDELL—Have you in any way modified or improved your original operation?

BATTEY—Yes, in two particulars: first, in substituting the vaginal for the abdominal incision; and secondly, in discarding all ligatures and sutures, leaving no foreign body in the tissues. I have not operated through the abdominal wall since my first case. I have used the ligature upon the pedicle in only four cases, and have used the vaginal suture but twice in all my cases.

YANDELL—Is the drainage sufficient in all cases?

BATTEY—The drainage is ample, as a rule. If there be suppuration, I introduce after the first five or seven days a Nélaton soft catheter to wash the cul-de-sac and prevent premature closure of the wound.

YANDELL—Does prolapsion of intestine or omentum through the incision ever occur?

BATTEY—I have never encountered a case. Usually in twenty-four hours the incision of an inch and a half contracts to half an inch, and in forty-eight hours it is almost entirely closed, barely admitting a catheter.

YANDELL—Have you ever encountered troublesome hemorrhage?

BATTEY—No, never.

YANDELL—Should it occur, what means would you use for its control?

BATTEY—Should I encounter hemorrhage from the incision, I would use torsion to the bleeding vessel; if from an ovarian

vessel, I should rely upon ice passed into the *cul-de-sac*, as I did in one of my cases where there was rather free oozing from ruptured adhesions, the patient doing well afterward.

YANDELL—Should it become necessary to cleanse the peritoneum, how would you effect it?

BATTEY—Blood is removed with facility by the finger, if clotted, and drainage of other fluids is adequately effected by turning the patient upon the back. In one case, where I cut through a hematocele to reach the ovaries, I broke up the clot with my finger, and sponged out the cavity with a soft sponge.

YANDELL—What instruments do you employ?

BATTEY—My instruments are few and simple. I have none at all which are made for this operation. Those I use are, *first*, the *old Sims's* speculum before mentioned (I could not operate well with the usual form now employed in gynecology, but have operated several times with Storer's speculum by reversing the blade); *second*, a stout volsella; *third*, a pair of slender rat-tooth forceps; *fourth*, a pair of long scissors; *fifth*, a pair of old-style bullet-forceps. The operation would be facilitated by suitable instruments, which I have in mind, and hope ere long to have in hand for use.

YANDELL—I observe that you use curved scissors to make the incision in the vaginal wall. Would not straight scissors be better?

BATTEY—I should prefer them straight in the blade, but bent at an angle upon the flat, just back of the joint.

YANDELL—How many assistants are required?

BATTEY—I have operated with three; four are better, and five shorten the time somewhat.

YANDELL—How long are you generally in performing the operation?

BATTEY—Usually an hour. I do not hurry.

YANDELL—Do you use ether or chloroform, and have you seen ill effects from either?

BATTEY—I use only ether, as a rule. Sometimes I employ a little chloroform at the start to overcome the smothering sensations often caused by ether. I have seen no ill effects from either in these cases.

YANDELL—How many times have you operated altogether, and with what immediate results?

BATTEY—Ten times, with eight recoveries and two deaths.

YANDELL—What was the cause of death in the two fatal cases?

BATTEY—In the first fatal case the patient had progressed most favorably to the ninth day, when she was suddenly seized with agonizing abdominal pain immediately on raising herself up in bed; the pulse ran rapidly up from ninety to one hundred and fifty, and the patient died in twenty-four hours. Autopsy showed a small pelvic abscess, which had contained an ounce of very acrid pus, which had escaped into the peritoneal cavity, where it could find no outlet, the drainage from below having been closed by adhesions. The second death occurred in Louisville; and in the last case I operated on the patient had for years complained of pain about the heart, and had a very irregular pulse, often running from sixty to one hundred beats in the minute. The cardiac sounds were found by myself and others to be quite normal, and the heart-troubles were believed to be merely functional and sympathetic. She bore the operation well, and it was done with greater ease and facility than in any previous case. On the second day there was a sharp attack of pelvic peritonitis, which extended somewhat to the abdominal peritoneum. On the third day the peritonitis seemed to be subsiding, and the pulse and temperature came down very much. Toward noon the heart showed evident signs of giving way; soon the pulse disappeared at the wrist, while the respiration remained good, the voice strong, and the mind cheerful. A comatose condition came on rapidly in the afternoon, and death occurred on the night of the third day, the action of

the heart being extremely feeble, while no pulsation was to be felt in the axillary and femoral arteries for four or five hours before death. Unfortunately an autopsy was peremptorily refused.

YANDELL—If any of your other cases have had alarming symptoms, state what they were.

BATTEY—Of the other eight operations, my first had septæmia of a threatening character, which rapidly subsided under the peritoneal douche; the fourth had pelvic peritonitis and purulent discharges for a time; and the ninth had pelvic peritonitis and pelvic abscess, which discharged through the vaginal opening. In five there was no untoward symptom; in three the pulse went at no time over one hundred, and in one it did not at any time exceed ninety.

YANDELL—Have the ovaries removed been healthy or diseased?

BATTEY—In my first case the ovaries were supposed at the time of removal to be healthy, and I am still of this opinion; but they were not carefully examined, and one of my assistants, to whom they were intrusted, negligently allowed them to remain in a piece of cloth for two or three days of very hot August weather, when they were so far decomposed as to render any examination very unsatisfactory. In all the other operations the ovaries removed showed unmistakable disease. In the ten operations I have removed eight cystic ovaries, the cysts varying in size from that of an orange down to that of a cherry. The ovaries removed from two cases here are being subjected to microscopical examination. The report I have not yet received.

YANDELL—Is your term "normal ovariotomy" a correct one?

BATTEY—No; I abandoned that term some time ago, but have as yet no satisfactory substitute.

YANDELL—For what conditions, in general terms, have you done these operations, and what have been the results?

BATTEY—I have operated in widely different circumstances. In one case the patient had amenorrhœa, convulsions, recurring hematocele, repeated pelvic abscesses, incipient tuberculosis from pulmonary congestions, etc. Several of the cases passed under the head of ovarian neuralgia; several had intractable dysmenorrhœa with pelvic deposits of old lymph; one had ovarian insanity, etc. All had exhausted the available resources of the art to no useful purpose. *I operate no case that any other respectable medical man proposes to cure.* In most of my cases the full results of the menopause have not yet been developed. This is the work of many months, and sometimes two or three years are necessary to its full and perfect realization. In no case has the patient failed to realize such a degree of relief and benefit following the operation as to amply compensate her for all the pains and dangers incident thereto, to say nothing of the promise of full and ample recovery at the completion of the physiological "change." In two of my cases this *change* has seemed to occur at once in all its completeness; but it is always my expectation that it will occur gradually, and extending through two or even three years to its final completion. In my first case (now three years ago) the restoration to health is eminently satisfactory. It is true that she is not absolutely and perfectly well, but she is fully relieved of the convulsions, the violent periodical congestions, the hematoceles, the pelvic abscesses, etc., for which I operated. I submit to you the question in all sincerity, if I confine myself to cases where life is endangered or where health and happiness are destroyed—cases which are utterly hopeless of other remedy this side the grave—ought the profession to demand at my hands the restoration of these forlorn invalids to a state of complete and absolute health in every particular? It is usual for the patients to take on fat freely in a few months after the operation. For the results and prospects of my cases in Louisville I prefer to refer you to your own observation of the patients themselves.

YANDELL—In three of the operations I saw you do there was plainly cystic degeneration of the ovaries. Had these cysts not been removed, would they, in your opinion, have developed into ovarian tumors, and ultimately have required removal through the abdominal wall?

BATTEY—Yes, I think so. In two cases I have had the opportunity to watch for some months the progressive enlargement of the cysts. In one case I removed a cystic ovary, and had the opportunity of examining the other ovary, which was entirely healthy. In twelve months this also became cystic, and is now as large as a small egg, and will soon require removal.

YANDELL—Do you think it good practice to subject a patient to the hazards of the operation and remove but a single ovary, though the other may appear to be healthy?

BATTEY—I do not *now* so think. It is true that I have in three instances removed but one ovary; in two of the cases the other ovary required subsequent removal, and in the third case there is now strong reason to apprehend that a second operation may be required. The conditions for which I operate are so grave that I should not esteem the leaving of one ovary advantageous, though it appear to be quite healthy. Besides, our means of diagnosis in these cases are so imperfect and the maladies so intractable that in order as far as may be to insure the cure I desire to avail myself of the great alterative changes which attend upon the menopause.

MCCLELLAN—What has been the effect of the operation upon the menstrual function?

BATTEY—I have seen nothing like proper menstruation after the operation. I do not care at present to discuss this branch of the subject, as I purpose to consider it fully at a future time.

MCCLELLAN—What has been the effect, if any, upon the sexual desire?

BATTEY—In my married cases, without exception, it has

remained wholly unimpaired. In one unmarried lady I am assured that she is "conscious of no change in her feelings* in any respect" since the operation.

MCCLELLAN—Have you observed the occurrence of any symptoms indicating that any subject of this operation had been *unsexed* by its performance?

BATTEY—None whatever. In my cases thus far I am of opinion that the patients upon whom I have operated have, without exception, *lost nothing whatever by the operation*. The married women were *all* hopelessly barren, and the single were presumably barren, because married women in similar circumstances and with similar organic and functional lesions are incontestably barren. There is no loss whatever aside from barrenness.

MCCLELLAN—Dr. Matthews Duncan, in his address before the obstetric section of the British Medical Association, refers to this operation "as having been justified by the belief that the removal of the ovaries is the annihilation of all or some of the sexual activities," and applies to it the term "spaying." Have you published any statements that would justify such representation, or does it arise from a misconception of the objects for which the operation is proposed?

BATTEY—Dr. Duncan seems to greatly misconceive both my objects and my results. This is not peculiar, however, to Dr. Duncan; for, I regret to say, I find very few medical writers or medical men who do fully and rightly apprehend me. I hope that the observation of my work and its results by others will soon correct this. The term "spaying," as generally understood in the lower animals, is very inappropriate to the artificial menopause which is effected in women by my operation.

It will be seen from the foregoing that Dr. Battey has performed his operation in this city *six* times in the persons of *five* individuals. Although a sufficient time has not elapsed

to develop fully the results which it is hoped are to be obtained, we present the following summary of these cases:

CASE I.—Mrs. S., twenty-four years of age, married two years, but has never been pregnant, had suffered severely from dysmenorrhœa, and since her marriage from intense ovarian pain and all the sequelæ of ovarian disease. The menstrual periods were prolonged, and each occurrence added to the intensity of the symptoms. The patient presented extreme emaciation, great nervous prostration, with insomnia and coccygodynia. Operation performed May, 1875; left ovary alone removed. Dr. Leachman, in whose professional charge this case occurred, states that there has been a decided improvement in the general condition of the patient since the operation. The menstrual function has been regularly performed, attended with but little pain and no prolongation of the period. The patient is urgent in her demands for the removal of the remaining ovary.

CASE II.—Mrs. Q., about thirty-five years of age, married for sixteen years, never pregnant, has suffered from dysmenorrhœa and intense ovarian pain throughout her entire menstrual life, also from persistent coccygodynia. Operation performed May, 1875; right ovary only removed. Dr. Edward Richardson, her medical attendant, states that for some weeks subsequent to the operation there was a total subsidence of all pelvic discomfort, with the exception of the coccygodynia. (This case will be again referred to as Case V.)

CASE III.—Miss McD., aged twenty-four years, has suffered intensely from dysmenorrhœa during her entire menstrual life; acute ovarian disorder, coccygodynia, vicarious menstruation from bowels, lungs, and skin. Operation performed August, 1875; both ovaries removed. Dr. Leachman, the medical attendant, reports an entire subsidence of all uncomfortable symptoms. The patient has not menstruated since the operation, although the menstrual molimen has been upon one occasion well marked.

CASE IV.—Mrs. H., twenty-eight years of age, married twelve years. The first pregnancy occurred a few months after marriage. Had puerperal peritonitis, cellulitis, netritis, all of which became chronic; and during the next few years had several pelvic abscesses, and was left with intense uterine hyperplasia. Within the past three years has been pregnant three times, but in each instance aborted at the fifth or sixth week. Each abortion was followed by acute cellulitis. Each menstruation was followed by an aggravation of all the symptoms. Operation performed September, 1875, in the hope of arresting the menstrual function. A hematocoele was evacuated and both ovaries were removed. Dr. E. D. Forée, in whose professional care this lady had been for several years, states that as yet sufficient time has not elapsed to determine the results of the operation, the patient having passed through an attack of peritonitis, the formation of a series of pelvic abscesses, and several attacks of malarial fever. She is now considered as convalescent from the operation, and the most favorable results are anticipated.

CASE V.—Mrs. Q., before noted as Case II. The previous operation having failed to afford complete relief from the unpleasant pelvic symptoms, in September, 1875, the *left ovary* was removed. The patient recovered from the operation without any unpleasant symptoms. The coccydynia is, however, persistent.

CASE VI.—Miss M., aged twenty-nine years. This case is fully noted in the preceding remarks of Dr. Battey.

It seems proper that this paper should be closed with an expression of the impressions made upon us by the operations that were witnessed in this city, and this may best be accomplished by a cursory description.

Having been fully etherized, the patient was placed upon the table in the posture of Sims; the perinæum was retracted by a speculum; the cervix uteri was grasped with a volcella,

and the uterus drawn firmly downward; with scissors an incision was made through the walls of the vaginal cul-de-sac, in the line of the fornix vaginalæ. The slight hemorrhage which resulted was arrested by the application of cold sponges. The peritoneum was grasped, nicked, and opened to the length of the original incision; the fore finger was passed into the cul-de-sac; the broad ligaments and fallopian tubes were examined; the position of the ovaries was determined, and one was drawn as closely as possible to the incision, when it was grasped by forceps and drawn through the opening into the vagina for examination. A stout ligature was passed around the gland to serve as a guide in the application of the *écraseur*, the chain of which was slowly tightened, until after the lapse of ten or twelve minutes the attachments were severed and the gland removed. The same procedure was practiced upon the other ovary; the wound was sponged out, the vagina cleansed, and the patient placed in bed after an almost bloodless operation.

To witness an operation upon a typical case or to read a description thereof is to become impressed with its simplicity and the facility with which it is accomplished. Any tyro may perform the initiatory steps, but it requires a profound gynecologist to complete the operation. It demands that the regional anatomy be impressed upon the brain of the operator. It demands an educated finger, by which the least deviation from the normality may be at once determined.

In Case I, performed in the presence of Gross, Sims, and Sayre, the operator hesitated in determining the exact location of the ovary, so altered by disease and surrounded by adhesions was it; and before the final steps of the operation were attempted the experienced diagnostic powers of Sims were called into play. In this case it was found to be impracticable to excise the ovary; it was crushed and scraped out.

In Case II the ovary was found so altered by disease as scarcely to be recognized.

Case III was purely typical of the operation. The ovaries were readily secured and removed in the most brilliant and successful manner.

In Case IV the incision through the vaginal wall opened a considerable hematocele, and in the management of the operation all the nerve and dexterity of the surgeon were demanded, and it is but just to state that the demand was most fully and ably met. In this case the organs were diseased almost beyond recognition, and were firmly bound down by adhesions.

Case V was for the removal of the remaining ovary of the case reported as the second of the series, when all the difficulties of the first operation were met.

Case VI was typical and the counterpart of Case III.

Thus it is seen that in the series of six cases operated upon in this city by Dr. Battey but two were, it might be said, simple operations. The remaining four demanded all the knowledge, nerve, and dexterity of the surgeon to bring them to a successful completion. Of these six cases one was fatal; but that case was not among the number presenting complications, but was the one performed with the greatest ease to the operator, and the one which seemed to promise the best results.

As to the merits of the operation, as to whether it will accomplish all that its bold originator claims, we are unwilling at this time to commit ourselves by any expression of opinion. We fully coincide with Thomas, who writes, "*It is too young as yet to be decided upon, and is unquestionably a procedure which may be greatly abused.*"

As regards this operation a misconception has occurred. *Normal ovariotomy*, not *vaginal ovariotomy*, is claimed as original by Dr. Battey. Upon page 737 of the fourth edition of Thomas is a letter from Battey detailing his experience in the operation of vaginal ovariotomy, which originated with Thomas; but upon page 723 of the same edition Thomas

fully establishes Battey's claim to precedence in the extirpation of the ovaries for the immediate accomplishment of the menopause.

Normal ovariectomy has become a misnomer, as demonstrated in the series of Louisville cases. A designation of the operation is demanded by its growth. Sims suggested that it be christened "Batteyize." We look to the author to name his offspring.

It is proposed at a future day to present again the subject of this operation to our readers, but it will be deferred until such time as the results of the operation upon the four ladies now resident in this city may definitely be determined.

LOUISVILLE.

SECONDARY PERINEAL TRAUMATISM.

PERFECT UNION WITHOUT SUTURES—RECTUM UNIMPAIRED.

BY GEO. N. MONETTE, M. D.,

Physician to St. Anna's Asylum, New Orleans.

Mrs. F. consulted me during the latter part of February relative to the possibility of her being *enciente*. I deferred an auscultatory examination until the next day, when I could see her at her own house. I detected the fetal pulsation, and announced the fact to her. At the same time, basing my opinion upon her calculation, I inferred that she would be confined on or near the 15th of May following. She had conceived during lactation with a former child, which created some doubt in her mind as to the fact of her being *enciente*. I was summoned to her on the 15th of May, arriving at 8:30 A. M. Her pains were moderately severe and not very frequent, but steadily increasing in severity and frequency. I diagnosed the left occipito anterior position (of vertex). At 12 M. I de-

livered her of a large healthy male child weighing ten pounds. I sustained the perinæum during the expulsion of the head; still it gave way as the head emerged from the vagina or was born. I examined the rupture and found it complete, extending to the rectum, but not involving the sphincter ani. The laceration extended about midway of the right lateral margin of the rectum. I suggested sutures; but she had heard of a friend on whom the operation had failed and been aggravated, and objected to any intervention. Not until then did she inform me that she had met with a similar accident at her first and previous accouchement, and the parts had united by granulation, no sutures being used.

Her lochia continued only three days. Meantime I used lavements of olei ricini freely. The nurse, unadvisedly and during my absence, gave her a rectal enema, which caused a return on the fifth day, much to my disappointment. I added some carbolic acid to the castor-oil, which was continued ten days, when the laceration had united perfectly.

The tissue of the vaginal union is very dense, owing to two cicatrices. The vaginal exterior is not impaired, but I fear its distensible caliber in case of another accouchement; also I fear delayed union in the event of a third perineal laceration. The facts of this case may controvert the *à priori* necessity of immediate surgical intervention. Although a single case, still I must infer that it is possible for union to take place in all cases, unless retarded by protracted lochial discharge. The attitude of the woman is the same without as with sutures. I trust the attention of the profession may be devoted to the success of union by granulation in the future, since perfect union has taken place in this lady on two occasions with no impairment of the perinæum nor of the rectum.

NEW ORLEANS.

ADDISON'S DISEASE.

BY D. W. LAMME, M. D.

In consideration of the apparent unsettled pathology of the above-named disease, I deem it due to the medical world that all cases which will tend to throw light upon and define its true pathology should be reported to the profession.

As nearly as I can make out from contributions to the medical journals, the German physicians mostly differ with the English with regard to the relation existing between diseases of the supra-renal capsules and bronzing of the skin. The former do not regard the disease of the supra-renal capsules as the *anatomical characteristic* of the bronzing of the skin, while the latter mostly incline to the views advanced by their countryman, Dr. Addison.

I had the privilege, if privilege it might be called, of witnessing, by the courtesy of the husband, a post-mortem examination of a lady conducted by *irregulars*, into whose hands she had fallen. Although I could not examine the case as I would like to have done, yet I think, from what I saw and what I learned from the husband, I am warranted in reporting the case.

Upon opening the cavity of the abdomen a large tumor was found occupying almost the entire left hypochondrium. It was situated upon and enveloped the left kidney, except the lower end, and was adherent in part to the spleen, and formed attachments more or less closely to all the parts around it. Together with the kidney it weighed five pounds and ten ounces, and was nearly ten inches in length and fourteen inches in circumference. This tumor contained within its sack nothing but yellow, cheesy, tuberculous matter.

I learned the following facts from the husband: Mrs. Smith was fifty-five years old. She commenced to feel badly about three years ago; first felt the tumor in the left side in March,

1873. Her complexion was fair while in good health; it now became sallow, and gradually assumed the bronze hue described by writers on this disease. Appetite was generally good, but digestion poor. Had occasional diarrhea. Urine was thick and scanty most of the time until three months before her death, when it increased to twice the normal amount, and was light-colored. Her mind was generally cheerful, but somewhat impaired toward the last. Had considerable thirst, with occasional feverish spells. Was much emaciated. Whatever relation the disease of the supra-renal capsules may sustain to the bronzing of the skin, it is quite certain that both these conditions existed in a prominent degree in this case.

EL PASO, ILL.

SUCTION OR ATMOSPHERIC PRESSURE IN HERNIA
AND ILEUS.

BY D. M. LIPSCOMB, M. D.

I do not know of any authority for a resort to this means of treatment in these affections, but the result of it in the two cases imperfectly given below appears to justify it, especially in cases of suspected invagination and strangulated hernia where the reduction is difficult. The first case occurred more than twenty years ago, but the essential facts in regard to it are as fresh in my memory as if they had happened on yesterday.

I found myself with nothing else I could think of, after exhausting not only the resources at my command, but all that could be derived from the friendly assistance and suggestions of Dr. Wm. W. Liddell, of Carroll County, Miss., where the case occurred. The patient was a negro woman, about forty years of age, a slave of Judge Drake's. She had

been attacked simultaneously with pain in the abdomen and noticeable constipation some four or five days before she was seen, and vigorous efforts had been made to move her bowels not only by purgatives, but by enemata. When first seen she was vomiting every thing taken into the stomach. The abdomen was tender and tympanitic, with some pain referred to the whole abdomen. No tumor or exceptional tenderness could be detected in the regions liable to hernia. The patient was apparently much worn and suffering for rest. So, after a trial of some more stimulating injections than had been used, and without any result, I ordered a pill of calomel and opium to be given every three or four hours, as she might be suffering or at rest; and a poultice, moistened with spirits of turpentine from time to time, was to be kept over the abdomen, thinking it best to defer any further active measures to move her bowels until the following day.

On returning in the morning we learned that on attempting to swallow the first pill the patient had thrown up a considerable amount of stercoreaceous matter, and had repeated it at short intervals ever since. She had failed to rest, and was so much damaged that we did very little, and thought it useless to make any further effort to relieve her, and took our departure for home.

On arriving there we found in our office an acquaintance who had some knowledge of medicine, but who at the time was devoting himself to the water-cure under the inspiration of Pressnitz. This gentleman, in a conversation in regard to our patient, remarked that he had heard of such a case being relieved by the application of an exhausted bowl large enough to embrace most of the abdomen as a cup. Though new to me, the treatment struck me as reasonable and likely to relieve many conceivable cases; but I confess that I had only the slenderest hope that any thing could afford relief to our patient. I determined, however, that if I could reach her and find her alive, she should have all the chance I could give

her. So, as promptly as I could ride some seven or eight miles, I returned, and found her about as I had left her in the forenoon. Mrs. Drake had no suitable bowl, but offered me the use of a flower-vase, eight or ten inches deep, with the mouth expanded to six or seven inches in diameter; and after using enough chloroform to induce a slight anaesthesia, to prevent resistance, I succeeded in making a very satisfactory application of it over the central or umbilical region of the abdomen. Within the space of a very few minutes she demanded with a vigor which surprised me to be permitted "to get up." She was raised up and a vessel placed under her, and before she left it she had a copious discharge from the bowels; and from that time she appeared to be relieved, and did not vomit another time.

This was a solitary case, and the relief following so very promptly on the application seemed liable to raise a question whether the slight anaesthesia, imperfect and transient as it was, or the imperfectly-executed prescription of the day before had not some agency in the result; and I hesitated to offer it for publication to any of the journals, while I hardly doubted its value in the treatment, even of apparently hopeless cases, such as the one I had seen and used it in; but a case has occurred in the last few weeks which confirms my convictions of its agency in my own case, and seems to settle its value.

The new case occurred in the practice of my friend and neighbor, Dr. F. M. Gilbert, of Grapevine. I met the doctor riding slowly out of the village, when he stopped and informed me that he had started out to see Mrs. D., a young and delicate married lady nursing her first child, and that she was in such a condition that he would be glad of any suggestion promising advantage; that he had with all diligence used the means commonly resorted to to move the bowels for two of the preceding days; that the patient had had no motion in a week; had been vomiting constantly from the time of his first visit, and for about twenty-four hours had been vomiting

stercoraceous matter almost incessantly; that the abdomen was tender and tympanitic; that the pain was not so marked a symptom as the family reported to have been earlier in the trouble, but that the patient was showing every indication of breaking down very soon if not relieved.

I stated the old case to him about as reported above, and advised him to give the bowl a trial. He was less fortunate than I had been in finding a vessel really adapted to the end in view. He was compelled to use a tin bucket, that reached from ileum to ileum, and nearly from the pubis to the ribs; but the vomiting ceased with the first application, nor did it return as a trouble amounting to any thing. The patient had a good night's rest; and, though it was two or three days before there was any discharge of fecal matter from the bowels, a marked improvement was obvious in the condition of the patient. The pulse, which from the time she was first seen had been thready and rapid, and had become very feeble, became quiet and improved in every respect; and Dr. G. has no doubt of the relief at that time of an enteric invagination, and thinks that the organic damage of the part and the exhausted vitality of the patient retarded the setting up healthy action. So much prostrated was the patient that he is inclined to think she might not have recovered but for the help of a sensible mercurial impression on the system, which was noticed about the time the bowels began to move naturally.

GRAPEVINE, TEXAS.

Reviews.

Cyclopedie of the Practice of Medicine. Edited by Dr. H. VON ZIEMSEN. Vol. X. "Diseases of the Female Sexual Organs," by Prof. CARL SCHROEDER, of Erlangen. Translation. New York: Wm. Wood & Co. 1875.

The fourth installment of this most valuable contribution to practical medicine from the enterprising New York publishers is the tenth volume of the series; for they follow closely the German edition of the work, in which the "volumes are not issued in regular succession, some of those treating upon subjects of greatest interest having the precedence, although numbered to conform to the plan of the entire work."

The volume before us may strictly be divided into eight sections, respectively, gynecological examination, diseases of the uterus, menstruation and its derangements, diseases of the ovaries, diseases of the uterine ligaments and of the adjacent portions of the peritoneum, diseases of the vagina, and diseases of the vulva. The scope of the work, as shadowed by the table of contents, is most comprehensive and satisfactory.

In the section of gynecological examination much practical information is condensed into the few pages devoted to this subject. The author develops his knowledge of English and American literature; and although no new light is thrown upon the subject, the section abounds with indications of the practical mind of the writer. The subject of *examinations with the uterine sound* is worthy of careful consideration by

those gentlemen who are accustomed upon every opportunity of employing this instrument, and who in many instances are as wise after the attempt as they were before entering the presence of their patient. "The indications for the use of the sound are stated very differently by different authors. Some gynecologists employ it almost without exception in every case; others, however, use it comparatively seldom, only when they expect to derive from it some especial, not otherwise attainable, information. I must confess that I belong to the latter class." A careful reading of the indications for the use of this instrument will be of advantage even to gynecologists of considerable experience. In the hands of an experienced and careful operator the uterine sound is an instrument of undoubted value, and one which by no means could be excluded from almost daily use. In such hands the instrument is employed to explore line by line the uterine cavity. The *tactus eruditus* is demanded, and is fully exhibited to the benefit of the patient. The converse of this is, however, too often exhibited. The vast majority of "medical practitioners are emulous of being gynecologists. Armed with speculum, probe, uterine forceps, *porte-caustique*, and acids, they ride forth to conquer. The speculum is introduced, the probe is grasped, its point is inserted through the external os uteri, and unrelentingly pushed forward, regardless of the mucous lining of the cervical canal, regardless of the internal os, regardless of the uterine parietes; one might almost expect to see it emerging from the umbilicus. Experience constrains us to differ with Thomas as to the use of this instrument being confined almost exclusively to adepts, and confirms us in the opinion that authors should guard its employment with the most exact, explicit cautions."

In the section of *diseases of the uterus* the subject of uterine malformations is carefully treated, and the subject of hemato-kolpos, hematometra, and hydrometra will well repay careful reading, as will also the pages devoted to stenosis of the

uterus. Hypertrophy, atrophy, and the inflammations of the uterus, displacements and adventitious growths affecting the uterus, are exhaustively treated, and due credit is given to the recorded achievements of American surgeons. Although one may occasionally be surprised at an omission, still it is evidently the intention of the author to render unto Cæsar that which is Cæsar's.

In the section of *menstruation and its derangements* the subject of normal menstruation, which is at present attracting the attention of physiologists, the enunciations are clear and definite. After noting the investigations of Pflüger, Kundrat, and Engelmann, the presentment made is as follows:

"According to this the processes of ovulation and conception must be looked upon as follows: the growth of the ovum and the graafian follicles occasions an irritation of the ovarian nerves, which at quite regular periods calls forth as a reflex phenomenon a slowly-developed hyperæmia of the organs of generation. One result of this hyperæmia is the rupture of the graafian follicles, which generally—that is, when they are ripe follicles—takes place at the beginning of the arterial hyperæmia. The second result is a proliferation of the mucous membrane of the uterus. If the ovum received from the fallopian tube is not impregnated, it is lost; and, with the gradual recession of the hyperæmia, the top-most layers of the mucous membrane of the uterus undergo fatty degeneration, exfoliate, and by their detachment cause a laceration of the superficial vessels of the mucous membrane and consequent hemorrhage. If, however, the ovum has encountered healthy spermatozoa, and has been impregnated by them, it fastens itself firmly in the tumefied mucous membrane of the uterus, acts as a powerful stimulus upon it, so that its fatty degeneration does not occur at this time, but only after some two hundred and seventy days, at the end of the pregnancy; and so the occurrence of the hemorrhage is prevented, or rather postponed, for this length of time.

"Among the very important changes which would on this theory be introduced in the views hitherto held would be that every impregnated ovum does not proceed from the ovulation of the last menstruation, and that the ovum discharged on this occasion would rather be the last one lost (unfructified), while the impregnated

ovum would be from the following ovulation, with which no further menstrual bleeding is connected. Löwenhardt has also arrived at this opinion from considerations drawn from the calculation of the duration of pregnancy, and it can not be denied that there is much in favor of it. . . .

"It is clear that the two phenomena have no necessary and absolute connection, and that the occurrence of one without the other is quite conceivable.

"It is exceedingly easy to comprehend that with some monthly congestions the discharge of an ovum may not take place, for the simple reason that no follicle is sufficiently ripe for the hyperæmia to cause its rupture. We can not therefore prove that the two have no connection at all from the cases in which at the autopsies of menstruating women we find no freshly-ruptured follicle.

"There is just as little difficulty in imagining that cases may occur in which, as an exception, the laceration of the vessels of the mucous membrane does not happen, although there has been the congestion of the genital organs and the discharge of the ovum; hence cases of conception without menstrual hemorrhage present nothing inexplicable.

"Again, the circumstance that women may apparently conceive at any or almost any time will not dispose of the view that the discharge of the ovum takes place at any time and quite independently of menstruation; for we know next to nothing about the time required for the ovum to reach the uterus, or how long it may remain in the uterus capable of impregnation; and we are equally ignorant about the length of time that the spermatozoa retain their vitality in the female genital organs. According to Kundrat's views, it would be difficult to explain conception immediately before or during the period, as it would be a time when no ovum capable of impregnation is present, and when the uterine mucous membrane is being cast off. If we are obliged to reject the complete independence of ovulation and menstruation, we will still emphatically remark that it will be difficult to controvert the possibility of ovulation independently of the periodic congestion. A ripe follicle also may doubtless occasionally burst quite independently of this cause; *e.g.*, from an injury produced by a blow on the abdomen.

"A much more weighty objection to the connection of menstruation with any processes whatever in the ovary is the amplly

well-established fact that menstruation may continue after double ovariotomy. The cases of unilateral ovariotomy with advanced degeneration of the other ovary of course prove nothing, especially when conception also occurs; since then ovulation must certainly have taken place. We say expressly may continue, for it is certain that ordinarily it does not do so. We prefer in such exceptional cases, instead of drawing the conclusion which is directly opposed to all our views—viz., that menstruation has absolutely nothing to do with the presence of ovaries—to assume that in these women too menstruation was caused by the growth of graafian follicles in their ovaries; but that the organism had in the course of years become so accustomed to the regular discharge of blood that this still continued, although the ovaries were removed. Yet we do not know at present whether something similar to this is not regularly the case in the great majority of women; that is, whether ovulation does not, as a rule, cease sooner than menstruation. This idea is favored by the frequent continuance of the latter up to the fiftieth year, while fertility ceased much earlier.

"As a consequence then of what has been said we do not at all consider menstruation as the peculiar essential event of the periodical congestion of the genital organs. The essential thing is the discharge of the ovum. The escape of blood from the mucous membrane is a necessary occurrence, which is perhaps only the indication of the retrograde metamorphosis of that membrane."

The remaining sections are carefully treated. Space forbids more extended notice.

The advances in gynecology during the past few years have been so rapid and the achievements of gynecologists have been so brilliant that an author, striving to produce a treatise upon the diseases of the female sexual organs within the limit of five or six hundred octavo pages, must of necessity condense his work to his own annoyance and the disappointment of his readers. Had all the subjects enumerated been fully elaborated, this work would undoubtedly have ranked as the foremost work upon the subject extant. As it stands, while fully entitled to a most conspicuous position in all medical libraries, it has detracted nothing from the value of the works of American writers, and "Thomas upon

the Diseases of Women" will still retain its place upon the tables of practitioners.

The Cyclopedias is now being published in the English, German, Dutch, Italian, and Russian languages. The American edition will most certainly surpass all others in the care of the translation and the beauty of execution, which is due to the enterprise of the New York publishers. E. M'C.

Scarlatina Statistics of the United States. By THOS. C. MINOR, M. D. Cincinnati: Robert Clarke & Co. 1875.

In this pamphlet Dr. Minor has reviewed the mortality statistics of the ninth census of the United States as they bear upon scarlet fever, and especially as that disease is affected by geographical position, temperature, and altitude. Scarlatina has lost none of its interest for the profession, as it has lost none of its terrors, in the progress of medicine. It continues to be the same intractable disease, when it appears in its worst form, as when its distinguishing features were first recognized by physicians. Nay, there is reason to believe that, with the subsidence of small-pox consequent upon vaccination, scarlatina has become more fatal. Not that it has increased in malignancy; there is no reason to believe that it has; but it is more prevalent, and the mortality attending it is greater, because the quota of feeble children formerly carried off by variola remains now to be destroyed by scarlet fever and measles.

According to the best authorities we have on the subject, scarlatina first appeared in North America in 1735; since which time it has prevailed in every state of the Union. As early as 1791 it seems to have taken on a pandemic form, prevailing throughout New England and the Middle States, and extending, according to Drake, to the Mississippi Valley. It was again pandemic from 1830 to 1833. Drake remarked

the interesting fact that the local epidemics of scarlet fever have occurred almost wholly in the states north of the thirty-third degree of latitude; an observation which is confirmed, as Dr. Minor shows, by the census statistics of 1860 and 1870.

As to the effect of latitude upon scarlatina, Dr. Minor gives the following conclusions:

"1. The zone of comparative immunity in the eastern hemisphere extends from 10° south latitude to 20° north latitude. 2. A zone of comparative immunity in the western hemisphere extends from the equator to 10° north latitude. 3. Another zone of comparative immunity in the western hemisphere extends from 30° to 35° north latitude. 4. In times of pandemics occasional epidemics occur at points within the zones of comparative immunity. 5. When scarlatina epidemics occur within the zones of comparative immunity the disease attacks by preference the Caucasian race. 6. The outbreak of such epidemics in the zones marked first and second can always be accounted for by the arrival of ships having the disease aboard. Scarlatina can then be said to be imported within these zones, and, having exhausted itself on the European settlers, the disease fails to become acclimatized, and dies out completely for long intervals of time. 7. In the zone marked third the disease almost always exists in a sporadic form; it only becomes epidemic when it is pandemic in the higher latitudes."

It would appear therefore that a very high temperature, co-operating with a humid atmosphere, is unfavorable to the rise of scarlet fever. Generally the disease is most fatal in cold weather, but in some places it has prevailed with most virulence during the warm months. Altitude can not be said to exert much influence upon the disease. In the New England States it seems to diminish the scarlatinous tendency, while, as a rule, it would appear to increase it. Nothing conclusive can be inferred from the statistics on this point.

Respecting the effect of race, it has been observed nearly every where that white children are the greatest sufferers; but in South Carolina, where the disease is rarely epidemic, much the greatest mortality occurred among children of African descent. The disease is most fatal to children under

two years of age; its greatest mortality is among those under five years. From the fifth to the tenth year the mortality steadily declines up to the twentieth year, after which there seems to be but little susceptibility in the constitution to the scarlatinous poison; still statistics show that old people may contract the disease and die. Of 26,402 victims, 39 were from sixty to seventy, 17 from seventy to eighty, 7 from eighty to ninety, and 1 was over ninety years of age.

The most important result yet arrived at by the profession in regard to scarlatina is that, the susceptibility to it decreasing with age, if children can be kept away from it, they may escape it altogether. The next perhaps is that the danger from the disease is in proportion to the fever, and consequently that cold water is the most effective remedy in severe cases.

Vision: Its Optical Defects and the Adaptation of Spectacles. With seventy-four illustrations on wood. By C. S. FENNER, M. D. Philadelphia: Lindsay & Blakiston. 1875.

Dr. Fenner has presented to the profession in this work a most readable book on what is generally esteemed an uninviting and dry subject. He has evidently sought to make it at once practical and popular. To the more professional topics of which he treats he has prefixed an elementary account of physical optics, a knowledge of which is essential to an understanding of the function of vision. This takes up the first fifty pages of his work, and to this succeeds a full discussion of physiological optics, in which the mechanism of the eye is described, with its dioptrics, spectacles, the spectroscope, and entoptic perception.

Dr. Fenner is in no wise responsible for the technical phrases in which his book abounds, but every reader who approaches the subject must feel that this is a repulsive feature of ophthalmology; but familiarity reconciles one to

this pedantry, which, we suppose, in fact is inseparable from science.

In Part III. of his work Dr. Fenner treats of the errors of refraction and defects of accommodation, with their remedies; and to this follows an appendix, in which he gives instructions for the adaptation of spectacles. The rule with which he closes his treatise is one which, though often stated, can not be too frequently repeated; to wit, that "whenever the use of spectacles for a length of time gives rise to fatigue or pain in the eyes, the proper ones have not been chosen; and if the use of them be persisted in, they will injure the organs of vision."

Dr. Fenner commenced his work with healthy eyes, but, he says in his preface, before the first part of it was finished retinal hemorrhage, which came on suddenly, compelled him to employ an amanuensis; on which account it is not so complete as it was his purpose to make it. For ourselves we thank him for his work as it appears. It is a handsome contribution to the medical literature of Kentucky. His publishers have done his labors justice in issuing them in a pleasing dress. The volume before us is neat and attractive, setting off to advantage the simple, unpretending style which Dr. Fenner has chosen as the vehicle for his thoughts. It is a good while since so tasteful a volume was given to the profession by a Louisville author.

The Management of Eczema. By L. DUNCAN BULKLEY, A. M.,
M.D. New York: G. P. Putnam's Sons. 1875.

This is a thin volume of twenty-two pages, the matter having previously appeared in the Transactions of the American Medical Association for 1874. The object of the author in presenting it in a separate form is that it may thus obtain a wider circulation. The aim of Dr. Bulkley is to show that

eczema, though a disease *sui generis*, is not to be treated empirically; but, depending as it does upon many conditions, can be properly medicated only by reference to the general health of the sufferer. One great point with him was to lift its therapeutics out of "the rut of Fowler's solution and zinc ointment." He closes his essay with the following summary:

"1. True eczema is a catarrh of the skin, properly acute, but very commonly subacute and chronic, and is entirely analogous to catarrh of the mucous membranes, which are indeed but involuted portions of the cutaneous envelope. The absence of moisture in many cases does not disprove this; for if the dry parts are kept covered with oiled silk or gutta-percha paper or rubber to prevent rapid evaporation, we soon find that the material forming the scales is the same as in other cases, catarrhal, which stiffens linen.

"2. This catarrh tends to run a certain course, accompanied by definite pathological changes, and the disease which we meet with more commonly is in a large part made up of the relics left in the skin; that is, thickening caused by a deposit of adventitious cells, mostly in the *rete mucosum*, but also capable of extending into the papillary layer, the derma, and even deep into the adipose tissue.

"3. Much that is called eczema is properly only a dermatitis or ordinary inflammation of the skin, tending to spontaneous recovery when the cause is removed and irritating agencies kept away.

"4. Eczema in its true sense is not a local affair, but one intimately associated with blood-changes, represented in the main by a suboxidation or hyperacidity, as found in the stomach, kidney, etc., and this state, moreover, is closely allied to gout, rheumatism, and scrofula.

"5. Debility, pure and simple, does not cause eczema, but may by its existence prevent either the recuperative action of nature or the beneficial effect of remedies.

"6. Eczema being an acute disease, running a definite course, our treatment must consist principally in avoiding irritating elements, correcting systemic errors, debility, acidity, etc., favoring the action of the emunctories, and locally making such applications as soothe and restore tone to an irritated and inflamed integument.

"7. The products of eczema, the thickening and consequent scaling and itching, are removed by stimulating applications and

by such pure tonics as act directly on the nerves, causing absorption through the capillaries, as quinine, iron, arsenic, strychnine, and the like.

"8. Arsenic and zinc ointment, while serviceable in many instances, are so far from being specifics for eczema that their use is injurious in many cases, while almost always other remedies will either suffice alone or greatly assist their action."

Transactions of the College of Physicians of Philadelphia. Vol. VIII. Lindsay & Blakiston, 1875.

This first volume of the third series of these transactions appears in a greatly improved dress, and forms a volume attractive to the eye. It contains the papers read before the college from April, 1874, to June, 1875, the variety and character of which may be judged of from the following table of contents:

- I. Report of an Autopsy on the bodies of Chang and Eng Bunker, commonly known as the Siamese Twins. By Harrison Allen, M. D.
- II. Case of Adenoid (Hodgkin's) Disease. Enlargement of the Cervical Glands with Multiple Lymphadenomatous Tumors of the Brain, Spinal Column, Lungs, Sternum, Subcutaneous Tissue, etc. With Remarks, an Analysis of fifty-eight recorded Cases, and a Bibliography. By James H. Hutchinson, M. D.
- III. Case of Fracture of the Neck of the Scapula. By John Ashurst, jr., M. D.
- IV. On a New Operation for certain Cases of Cleft Palate and Bifid Uvula. By Wm. S. Forbes, M. D.
- V. On the Operative and Conservative Surgery of the Larger Joints. I. Excision of the Elbow. By John Ashurst, jr., M. D.
- VI. Experiments on the Laryngeal Nerves and Muscles of Respiration, etc., in a Criminal executed by Hanging. By W. W. Keen, M. D.
- VII. On the Use of Nitrite of Amyl in various forms of Spasm, and on its Value as an Aid to Diagnosis. By S. W. Mitchell, M. D.

VIII. Case of Acute Tetanus successfully treated by the Inhalation of the Nitrite of Amyl, with Remarks upon the Pathology of the Affection. By Wm. S. Forbes, M. D.

IX. Remarks on Diabetes Insipidus and its Treatment by Ergot. By J. M. Da Costa, M. D.

X. Report on the Surgical Considerations in regard to the Propriety of an Operation for the Separation of Eng and Chang Bunker, commonly known as the Siamese Twins. Deduced from an Autopsy made by the Commission appointed by the College of Physicians of Philadelphia, February, 1874. By William H. Pancoast, M. D.

XI. Case of Encysted Dropsy of the Peritoneum, in which Supuration had occurred and Abdominal Section was performed, with Recovery. By J. Ewing Mears, M. D.

Remarks upon the preceding paper, by Dr. William Pepper.

XII. Quinia as a Stimulant to the Pregnant Uterus. By Albert H. Smith, M. D.

Many of the subjects are illustrated by chromo-lithographs and wood-cuts, and the papers are marked by uncommon excellence. For a great many years we have been careful readers of the transactions of this college as they have been issued from time to time, and welcome them cordially in their renovated form.

Clinic of the Month.

THE COURSE OF THE TEMPERATURE IN DEFERVESCENCE.—Dr. Finlayson remarks that the observation of the temperature in cases in actual practice affords charts that are widely different from those that are given in books, taken from typical cases, and that it is difficult to draw conclusions from them; and he proceeds to consider an ideal case in which the practitioner is anxiously watching the course of a febrile disease when a crisis is expected, or when defervescence may seem to have begun, and to consider what fallacies may present themselves. In the first place, so long as the febrile temperature persists the disease continues; but a fall of the temperature is *not* necessarily a favorable prognosis. In the case, for example, of basilar meningitis the temperature is seldom very much elevated, and a marked diminution from the previous heights of a *tubercular fever* may sometimes be seen when the cerebral symptoms begin to assume a special gravity; so that while a too exclusive reliance on the indications of the thermometer might lead to a favorable opinion being given in regard to the actual condition of the patient, the depression of temperature might really be due to the failure of the vital powers. In *pneumonia* again, although the usual course of a fatal case is to attain a maximum before the termination in death, there may be exceptionally a low temperature preceding this event, either continuing to the end or giving way to a terminal exacerbation. A depression of the temperature to the degree of collapse may be associated with severe intestinal hemorrhage in *enteric fever*, or possibly even with perforation of the bowel, and this depression may perhaps

be the earliest of such accidents. A great depression may likewise follow *other forms of bleeding*, remedial or otherwise, and it is sometimes associated with the act of *vomiting* or with a profuse *discharge from the bowels*. A collapse temperature may, however, be of no evil omen, and may constitute one of those critical perturbations which not unfrequently pave the way for a genuine crisis within twenty-four or forty-eight hours. The best means of avoiding being led into such errors are (1) by paying careful attention to the state of the pulse and the general condition of the patient, and (2) by acquiring familiarity with the usual course and the common deviations of the temperature in special diseases. The sudden rise and fall of the temperature in an ague, or in the course of a few days in relapsing fever, may bear a superficial resemblance to the alternations in the pyrexia of pyæmia without possessing any thing of the gravity of this fatal disease. Hence a fall of temperature immediately after observations have been commenced must be interpreted with caution. Dr. Finlayson gives instances of the differences in the rapidity of the fall of temperature in the crisis and lysis of various affections, it being usually sudden in the former and slower and more steady in the latter. The temperature of convalescents is unstable, and when relapses or complications are feared the evening observations should be continued. (Glasgow Medical Journal.)

BLEEDING IN THE OPHTHALMIAS.—Dr. R. Brudenell Carter says (St. George's Hospital Reports): "At the present day we take blood in eye-disease only sparingly, and chiefly by two methods, the natural leech and the artificial one. The natural leech is very useful in many superficial diseases; the artificial leech chiefly in those of the deeper parts of the eye-ball. In any form of ophthalmia which is attended with great heat and swelling of the eyelids, in some cases of iritis, and in some cases of injury, including many operations for

cataract, a leech may often be usefully applied. The best position is usually over the frontal bone, immediately external to the margin of the orbit, and a little above the level of the external canthus. I say a leech rather than leeches, because I think it undesirable to multiply bites. If more blood be required than one leech would be likely to draw, the best plan is to make a free longitudinal incision with a sharp lancet into the creature when it is nearly full, and it will then continue sucking until detached, being no longer inconvenienced by the distension of its alimentary canal and integument. The incision should be made in the side of the leech, near its caudal extremity. The artificial leech is much more rapid in its action than the natural one, and is adapted to take a few ounces of blood quickly from the temporal region. Whenever this method of depletion is used for deep-seated maladies, such as those of the retina or choroid, it is desirable to keep the patient in almost total darkness for the next twenty-four hours, so as to avoid a vascular reaction, by which the original congestion might be increased."

DIAGNOSIS OF ANEURISM.—Mr. Holmes (*ibid.*) sums up an exhaustive paper on this subject as follows:

1. The difficulties in the diagnosis of aneurism, although they are real enough, are not so frequent as might be inferred from the statements of some authors, provided that all the means of examination are carefully employed. Most of the errors which are recorded have depended on the omission of stethoscopic examination or occurred before the invention of the stethoscope.
2. Of tumors which pulsate, but are not aneurisms, some are abscesses and others pulsatile cancers. The diagnosis of the former is generally possible with careful examination, since they can hardly have a true aneurismal bruit unless they communicate with the artery, when they would become aneurisms; but the diagnosis of the latter is often attended

with the most serious difficulties, though on carefully and repeatedly examining the symptoms the proper diagnosis can usually be made.

3. The occasional occurrence of aneurisms which do not pulsate and have no audible bruit is a motive for the greatest caution in opening any presumed abscess in the situations where such aneurisms may be found, and justifies an exploratory puncture. Such exploration is more likely to do good than harm if the swelling should turn out to be an aneurism.

4. In these more difficult cases it is necessary not merely to ascertain the existence of the ordinary symptoms, such as pulsation and bruit, but also to compare their degree with that which might have been expected if the tumor were aneurismal.

ARNICA IN ORCHITIS.—Mr. H. G. Knaggs reports a method of treating orchitis which, he says, he has for many years found very effective. It consists in the more or less constant application, while the patient is resting, of a lotion of tincture arnica and water (one part of the former to six of the latter) to the affected organ; secondly, in rubbing in an embrocation composed of one third or even one half tincture of arnica and soap-liniment, two or three times a day, along the course of the spermatic cord; and thirdly, in the internal administration of seven-drop doses of tincture of arnica, combined when there is febrile disturbance with two-and-a-half-drop doses of Fleming's tinct. of aconite and acetate of ammonia. This simple treatment, he says, generally cures the patient in a fortnight or less. In using our remedial agents of the above-named strength there is little danger of causing cutaneous irritation; but it must be admitted that while some skins will bear the constant application of even pure tincture of arnica for a considerable time, there are others which are inconceivably sensitive to the action of the drug. We must therefore be on the watch for any show of erysipelatoid

inflammation in case such should occur. (British Medical Journal.)

SALICYLIC ACID IN DIPHTHERIA.—Dr. Fontheim has treated with salicylic acid thirty-one patients having diphtheria. The severest cases were cured after eight days' treatment, and the milder ones after two, three, and four days. Of the thirty-one cases none died. There occurred no cases of diphtheritic inflammation of the kidneys, nor were there any cases of paralysis of the palate. In the severe cases Dr. F. ordered the affected parts to be rubbed every three hours with a sponge dipped in a solution of salicylic acid, and to take as regularly a tea-spoonful of the same solution. The formula used was as follows: R. Salicylic acid, 2 grammes (about 3ss); fountain-water, 200 grammes (about 3vj); alcohol, q. s. (to make fl. 3vj). Salicylic acid passes rapidly into the urine, and gives with chloride of iron a blue or violet reaction. (The Virginia Medical Monthly.)

THERAPEUTIC ACTION OF IPECACUANHA.—Dr. Polichronie, in a recently-published work on this subject, arrives at the following conclusions: 1. Emetine is the true active principle of ipecacuanha; 2. In dysentery, as in diarrhea, ipecacuanha administered as an enema produces the same effects as when given by the mouth; 3. Ipecacuanha as an enema is one of the best treatments that can be employed in infantile cholera; 4. In the diarrhea and sweating of phthisis enemata of ipecacuanha give the best results.

PRECAUTION AGAINST PUERPERAL INFECTION.—At a meeting of a medical society in St. Petersburg (*Rundschau*) Dr. Grünewaldt detailed the measures which were adopted at the lying-in asylum of that city to prevent infection. Acting on the theory that some wound or laceration of the parts concerned in labor presented a nidus for the reception of the

disease, attention was also directed toward these points, and the results had been happy. The most common starting-point was held to be the vagina or the mouth of the womb. At these points the poison was absorbed, and the disease traveled onward along the planes of connective tissue. The rule observed was to examine every woman, by the aid of a speculum, immediately after labor. Every laceration or abrasion was then carefully attended to, and as soon as a morbid appearance, such as diphtheritic deposit or the like, was noticed, a solution of carbolic acid in water (one part to twelve) was applied, or the sesquichloride of iron in a similar proportion. If the disease advanced, and there were signs of endometritis, injections were practiced by means of the double catheter. The indications for intra-uterine injections were (1) retention of the membranes, (2) retention and decomposition of coagulated blood, (3) in lochiometra, (4) in any form of endometritis, and (5) in secondary hemorrhage. In fact he said it was customary to use a weak solution of carbolic acid (one part to four hundred) as an intra-uterine injection immediately after labor, in all cases, by way of prophylaxis.

TO DISINFECT AND DEODORIZ EXCREMENTS.—Dr. Camerers, of Ulm, has tried (*ibid.*) some experiments with reference to this subject, using for the purpose diluted urine, and as disinfectants carbolic acid, sulph. of iron, English sulphuric acid, and caustic lime. He has found that the sulph. of iron and caustic lime alone are capable of preventing the formation of low organisms. He therefore recommends these latter for purposes of disinfection as the most certain, the cheapest, the most free from danger, and as preserving their properties best when dissolved in water. Two classes of substances act as deodorants of excrements: first, such as fine sand, powdered mold or clay, etc., which form a coating over the stinking surface; and second, such substances as charcoal, which absorb the offensive gases. He states that a vault with a capacity

of twenty hundredweight can be rendered perfectly free from smell in the course of twenty-four hours by scattering about in it a few pounds of pulverized charcoal. The charcoal does not, however, prevent putridity and the formation of low organisms.

INFLAMED BURSA PATELLÆ.—Mr. Henry Arnott, of St. Thomas's Hospital, mentions that he has not derived much benefit from counter-irritation around inflamed bursa patellæ, and on one occasion he was dismayed to find that the remedy set up acute synovitis of the knee-joint. This seems to show the need of care in resorting to this kind of treatment.

OZENA.—A cure of this most distressing affection in a case of thirteen years' duration is recorded in the *Giornale della Accademia Medica di Torino*, one in which the nitrate of silver and the permanganate of potash had been resorted to in vain. The successful means consisted in frequent injections of the chlorate of potash in the proportion of one part of the chlorate of potash in six parts of water. The cure proved permanent.

HOOPING-COUGH.—The advantage accruing from changed air in hooping-cough is so unquestionable that when practicable the procedure should always be had recourse to. Meanwhile it is interesting to learn that M. Greslon has found chloral of real efficacy. The little patient, a boy of eight years old, suffered from hooping-cough of six weeks' duration most severely. The fits were most characteristic, excessively frequent, as well as attended with vomiting and distressing turns of suffocation. Opiates, antispasmodics, and what not were tried in vain. At last it occurred to Dr. Greslon to have recourse to chloral, in from one- to two-gramme doses, nightly. The hooping, which had recurred every hour, after four days took place only five or six times daily. In ten days they were only half as frequent and greatly less severe

in character. In short, the patient became rapidly exempt from his complaint, regaining his habitual gayety and spirits. (*La France Médicale.*)

SCIATICA TREATED BY ELECTRICITY.—Out of seventy-three cases of sciatica, many of which had previously undergone various treatment, Dr. Berger procured permanent relief in sixty-three by means of electricity. The moistened positive pole was applied to the dorsal vertebra, while the negative was passed over the affected locality for from three to eight minutes or so. At the same time Dr. Berger exhibited croton-chloral at bed-time so as to insure sleep. (*Allgemeine Med. Cent. Zeitung.*)

ADMINISTRATION OF MEDICINES TO INFANTS THROUGH THE MOTHER'S MILK.—Dr. Lewald has investigated the elimination by the milk of the mother of iron, bismuth, iodine and its compounds, arsenic, lead, zinc, antimony, mercury, alcohol, and several narcotics. His numerous experiments were made in the goat. A certain dose of the medicine was administered to the animal, after which the milk was examined. The principal conclusions which the author has arrived at are—1. A larger quantity of iron can be administered to the infant through the mother's milk than by any other means. 2. Bismuth likewise is eliminated by the milk, but in very small quantity. 3. Iodine does not appear in the milk until ninety-six hours after taking it. The iodide of potassium given in doses of forty grains per diem appears four hours after ingestion, and continues to be eliminated for eleven days. 4. Arsenic appears in the milk at the end of seventeen hours, and its elimination had not ceased after sixty hours. 5. Though one of the most insoluble preparations, the oxide of zinc is nevertheless eliminated by the milk, and it is probable that this is also the case with the other preparations of zinc. Fifteen grains of oxide of zinc were found in the milk at the end of

from four to eight hours, and it disappears sooner than iron, because no trace of it could be discovered after fifteen or sixteen hours. 6. The elimination of antimony is an undeniable fact, and it is well to bear this in mind during the period of nursing; the same holds true in regard to mercurial preparations. 7. That alcohol and the narcotics are eliminated by the milk has not been demonstrated. 8. Sulphate of quinine is eliminated very easily; a child suffering from intermittent fever was cured by administering quinine to the nurse. (*Lyon Médicale*: New York Medical Journal.)

ACHOLIA.—Dr. S. Kersch, of Prague, designates with this term those morbid processes in which the entire secretion of bile is suspended, no traces of it being found either in the faeces and urine or in a jaundiced coloration of the skin and conjunctiva. The author has observed three cases, two children and one adult female. In the two former, aged respectively fifteen and eight months, the symptoms were identical, consisting of those of intestinal catarrh; there were much flatulence and crying, and defecation only by means of an enema; the stools were of a light-grayish color, nor did the urine show any traces of biliary coloring-matter on chemical examination; neither the skin nor conjunctiva was discolored; pulse 130; temperature much increased, especially of the head; during sleep short clonic convulsions. This condition lasted eleven and fourteen days, after which the fever and pains disappeared, and the stools again became colored. The third case was that of an unmarried lady, thirty-six years old, who had had severe diarrhea for several weeks, loss of appetite, and frequent vomiting; tongue covered with a thick white fur; pulse 76; no elevation of temperature; menstruation regular. The vomited matter and stools were of a light-gray color; the urine was light-colored, and no biliary matters were found on chemical examination; there was no jaundice nor discoloration of the conjunctiva. The only additional

symptoms were slight headache and abdominal pains at stool. These trivial symptoms disappeared after very small doses of morphine. The author could find no similar cases in literature, and thinks the condition is attributable either to the interruption of all biliary secretion or to its decomposition in the blood when its discharge is prevented. (*Memorabilien*, 5, 1875: *Ibid.*)

MORPHINE INJECTIONS IN DYSPNEA.—According to Dr. A. Renault, hypodermic injections of morphine not only cause the disappearance of the pain, but also rapidly modify the attacks of dyspnoea. Whatever may be the cause of the difficulty of respiration, the effect is constant, whether it be dependent on an affection of the thoracic organs or on some other disease, accompanied or not by pain. The observations on which these conclusions depend are divided into two categories. In the first the result only is stated without reference to the cause; the second is devoted to the study of the *modus agendi*, the pulse, temperature, and respiration being accurately noted. Soon after the injection of the morphine the inspirations are notably diminished in number. This is in accordance with the preconceived notions of the effects of opium. The inspirations became deeper as their rapidity diminished. In most of the cases thus treated the respiration was short and sonorous, but in less than fifteen minutes after the injection it became inaudible, and the thorax was seen to expand and contract with great regularity and slowness. The local application of the remedy is much more efficacious than that by the mouth. Injections of atropine are dangerous, and should be abandoned on account of the accidents which they have caused. (*L'Union Médicale* and *Giorn. Veneta di Scienz. Med.*: *Ibid.*)

USE OF CHLORAL HYDRATE.—Dr. G. Leonardi (*Liguria Med.*) observes that notwithstanding the value of the remedy

it can not be denied that it is often misapplied. In London forty-four hundred pounds are consumed annually. The insufficient results hitherto observed are not attributable to the remedy, but to the carelessness of physicians, who, without properly understanding its physiological, therapeutical, and toxicological effects, administer it without distinction in the most different diseases. As yet the indications and contraindications for its employment have not been clearly set forth. Chloral hydrate acts, first, as an excitant; secondly, as an anæsthetic, especially on the cerebral centers. Its action, usually rapid, depends on its more or less good quality and on the varying individualities. It can be given either by the mouth or rectum; in the former case, mixed with syrup, in tea-spoonful doses, or with water when given in the form of enema. The administration of chloral as a hypnotic is called for in all conditions which require the beneficial effects of recuperating sleep. It is contra-indicated in cardiac debility with valvular lesions; in disorganizations in the mucous membrane of the digestive organs; in advanced diseases of the respiratory organs, etc. The medium dose varies between thirty and seventy-five grains. When given beyond a hundred and twenty grains it acts like a deadly poison. It is an indispensable remedy in the hands of the intelligent physician, but may become a dangerous poison in those of the inexperienced, superficial practitioner. (*Med.-chir. Centralblatt: Ibid.*)

TREATMENT OF HOOPING-COUGH.—Pertussis is one of the diseases for which art has thus far done but little. Many remedies have been suggested, but they have all proved ineffectual. Wilde (*Deutsch. Archiv. f. klin. Med.* B. 14, H. 2) has obtained excellent results from the inhalation of a mixture of chloroform, ether, and turpentine. It is important that the treatment be thoroughly carried out. The patient should always have the mixture at hand, and when the paroxysm

commences should pour about a tea-spoonful of it on a folded cloth. This should be held a few inches from the mouth, and the inhalation of the vapor continued till the paroxysm subsides. If properly conducted, this treatment soon cures the disease. The composition of this mixture was for a long time a subject of experiment, but the author at last concluded that the following formula gave the best results: R. Chloroform, 30 grammes; ætheris, 60 grammes; ol. terebinth. rectif., 10 grammes. (*Ugeskrift for Laeger.*, December, 1875: *Ibid.*)

BROMIDE OF POTASSIUM IN AMBLYOPIA.—The quieting effect of bromide of potassium on the centers of reflex movement, its power of moderating the activity of the heart and of lowering the temperature, and its influence on the vessels of the retina have induced A. Quaglin to try its effect in amblyopia from abuse of alcohol and tobacco. He begins the treatment by giving one gramme daily in two hundred grammes of water, gradually increasing the dose till toxic symptoms become manifest. In a few cases the cure was complete; in others the disease was arrested. There were no relapses. He thinks that, since bromide of potassium causes the cerebral vessels to contract, it will also be useful in amblyopia due to neuritis descendens and retinitis from insolation, in rheumatic meningitis, and lead-poisoning. Bromide of iron should be tried in anæmic individuals. (*Annali di Ottalmologia*, Fasc. 2 e 3, 1874: *Ibid.*) *

THE ACTUAL CAUTERY: ITS USES AND POWER.—Dr. C. E. Brown-Séquard addressed the Suffolk District Medical Society on this subject. The importance of the actual cautery as a curative agent had never been fully appreciated, and suggested that its employment had been greatly restricted by the very natural objections of patients. In the last century this treatment was vehemently decried, owing to the suffering inflicted, the theory being that the more intense

the pain the greater was the effect. It is a fallacy, however, that the influence of counter-irritation is transmitted by the nerves of feeling. Apparently insignificant irritation, devoid of pain, may produce powerful reflex explosions; for instance, worms in the bowels may cause convulsions, epilepsy, paralysis, or even insanity. Certain nerves exist by the irritation of which changes of nutrition may be induced. In guinea-pigs an epileptic attack may be brought on by simply tickling the neck. The human species may be as susceptible as animals. Dr. Brown-Séquard had once ventured to excite epileptic attacks in two male patients, and by that means was led to a mode of treatment by which they were cured. The irritation was not even felt in either instance.

The extent to which the actual cautery may be employed is greatly increased when we realize that the effect is not proportionate to the intensity of the pain, but often the reverse. He had discovered this fact in the years 1848 and 1849, after experimenting in M. Rayer's wards at the Charité Hospital, in Paris, on the different modes of applying the heated iron. He ascertained that the application of an intensely hot metallic cautery in such a way as to cause very little pain was of much more service than any painful counter-irritation, the only novelty in the operation being the almost entire freedom from suffering.

The actual cautery is of great use for that variety of pain in the head which is not of inflammatory nature, but is probably due to congestion of the membranes, especially of the dura mater. The pain is described as a bursting sensation, a mental torpor and dullness, a burning, or at times a cutting, and is common in this country. The places at which the iron should be applied are between the shoulder-blades or on top of the head. The effect is a contraction of the blood-vessels by reflex action. In three cases in which this method was employed the eye was watched, and it was found that the pupil behaved as it does when the cervical sympathetic nerve

is galvanized; that is to say, the pupil is invariably dilated; but no change was detected in the temperature of the face and ear with an ordinary thermometer.

The use of the cautery in inflammatory disease of the joints is known to be most beneficial.

There is a morbid state in which the power of the actual cautery is especially great; it is coma. In several cases of apoplectic coma, in some of which the life of the patient was recognized by the stertorous breathing to be in imminent peril, Dr. Brown-Séquard had succeeded in restoring mental activity and re-establishing a normal respiration by applying the heated iron to the head. Some of these patients were manifestly saved from impending death. One of them died two years after having been so saved, and several survived many months.

In chorea the actual cautery may be very useful. He had effected a permanent cure by this method within a week in one case which had resisted all ordinary means of treatment.

In summing up the cases of organic or functional disease in which the actual cautery is of service, Dr. Brown-Séquard mentioned pain in any region, but especially neuralgia; congestion or inflammation of the brain, the spinal cord, the lungs, the heart, and other viscera; serous effusion into the joints, the pericardium, and the pleura; paralysis agitans; neuroses, especially epilepsy.

The rule to be followed in determining the place of application is to choose that part of the skin which is nearest to the pain. In locomotor ataxy the sensation is referred to the periphery; consequently apply the iron there. This rule is not absolute, as has been seen in the remarks about congestions of the head. In locomotor ataxy apply the iron to the lower limbs, at the spot where the pain is felt, or over muscles attacked with cramp. In cases, however, of myelitis or of spinal meningitis associated with congestion or inflam-

mation of the fibrous tissue uniting the vertebræ, the best place of application is over the tender spots of the spine. Graves pointed out many years ago the importance of making counter-irritation on the lower limbs in paraplegia. In Pott's disease, on the contrary, the application should be made close to the vertebræ.

No special instrument need be used. If the poker is resorted to, it should not be applied over a large surface or pressed hard, if it is desired to avoid giving pain. Lines and occasionally points should be made rapidly. The outer layers of the skin are dried up, and fall off after a few days. No sore or scar remains, so that there is no danger of disfiguring the face or any other part. The most convenient instrument is one consisting of a steel or platinum bulb about the shape of an olive, but much smaller. To act safely in a cavity, like the mouth, or on a restricted part of the skin, a very small steel bar or shaft may be used, which when heated is pushed inside a protecting bulb. Before allowing time for the latter to become heated it is applied to the part of the skin or mucous membrane which is to be burned, and the heated shaft pushed down upon the part and immediately withdrawn. This contrivance is so safe that it can be used inside the mouth, about the ear, or on the eyelids in neuralgia. The minimum of pain is obtained with white-heat, because the outer layer of the integument is destroyed immediately, and radiation does not take place beyond it, the dried-up cutaneous tissue serving as a screen.

As regards the frequency of the applications, it necessarily varies greatly. In cases of neuralgia five or six lines are to be made three or four times at intervals of two or three days. A single application is usually sufficient to allay the pain of locomotor ataxy. This treatment must be repeated many times for inflammations or serous effusions, especially when chronic. In neuritis the method may have to be persisted in for years.

POST-PARTUM CONVULSIONS TREATED BY HYPODERMIC INJECTION OF CHLORAL.—Dr. Roddick, of the University Lying-in Hospital, treated a female suffering from post-partum convulsions with hypodermic injections of chloral. A solution, in which twenty minims contained seven grains of the salt, was thrown under the skin of the arm. At the moment of exhibition the pulse was 140 and the temperature 100.6, the first injection being made August 1st, at 7:30 A. M.

"A convulsive seizure followed immediately upon the withdrawal of the needle, but this proved to be the last, the total number being sixteen. Notwithstanding the cessation of the convulsions, the injections were continued at intervals of an hour, the amount being subsequently increased to ten grains. At 2:30 P. M. the coma was less profound; she could feel the needle, and tried to remove it, while the eyelids resisted any attempt to separate them. 3:45 P. M.: an injection per rectum of turpentine and castor-oil brought away a small quantity of fecal matter; pulse 160; respiration 30. 5:15 P. M.: very restless; ten grains hypodermically. 7:35 P. M.: pulse 140; respiration 24; bowel well relieved by injection.

"August 2d.—7 A. M.: has been regaining consciousness rapidly during the night, and now swallows beef-tea and brandy readily. 3:30 P. M.: very dull and stupid, but will open her eyes when called in a loud voice, and protrude her tongue; no albumen in urine. 11 P. M.: being very restless and slightly delirious, a draught of twenty grains of chloral was given.

"August 3d.—The patient to-day is quite rational, though very feeble and easily excited by noise. The cries of another patient in labor in the neighboring room disturbed her very much. A draught of chloral was again ordered to be given at bed-time.

"August 4th.—There is a marked change for the better to-day, being perfectly quiet and rational; takes abundance of nourishment. There is a hard lump in the cellular tissue

of the size of a pigeon's egg where each injection was given, and below the clavicle in the situation of one is a small superficial slough of the size of a ten-cent piece. None of them cause her any pain or uneasiness.

"August 14th.—She is to leave the hospital to-day; and, with the exception of two or three brawny swellings and the remains of the small slough referred to, there is nothing to mark the positions of the injections. She is in perfect health."

INTESTINAL OBSTRUCTION SUCCESSFULLY TREATED BY THE INJECTION OF SODA-WATER INTO THE LARGE INTESTINE.—The patient, a man aged sixty-two years, had an inguinal hernia, which had been reduced after symptoms of incarceration had made their appearance. Some hours later vomiting set in, which soon became fecal in character, and was accompanied by symptoms of collapse. An esophageal catheter was introduced into the rectum to an extent of forty centimeters, and through this the contents of two siphons (the contents of the first in great part escaping) injected into the intestine. Colic of a marked character soon came on, which was followed by the evacuation of stinking fluid matter, and this in turn by hard fecal masses, and after the expiration of two hours the patient was out of danger. Béhier in one and Bouchut in ten cases of intestinal obstruction from impacted masses of faeces employed the same treatment with good success. In all the cases the abdomen swelled on the introduction of the gas, producing colic of intense character, which was soon followed by evacuation of the bowel and consequent relief. (Guyon: *Centralblatt für Chirurgie*, No. 34; from *Journal de Méd. et de Chir. prat.*, 1875.)

PROLAPSUS OF THE RECTUM AND ITS TREATMENT BY THE DOUCHE ON THE ANUS AND PERINÆUM.—In cases of prolapsus of the rectal mucous membrane in children, in which all

other means, even the actual cautery, had been used, a cure was effected by reducing the protruded portion and allowing a strong stream of water to play upon the anus and perinæum. The douche was repeated daily. The duration of treatment in the gravest cases was fifty-eight days, and relapses did not occur. In the case of an adult, who suffered from prolapsus recti with hemorrhoids, forty-eight sittings sufficed for a cure. (De Saint-Germain: *Ibid.*)

CHLORAL AND BROMIDE OF POTASSIUM IN ENEMA IN DISEASES OF WOMEN.—Dr. G. de G. Griffith advises the administration of chloral and bromide of potassium in enema, as nausea and the burning or disagreeable taste is thus obviated, and the gastric nerves are not affected. An irritating sensation in the rectum may be avoided by beating up the drug with one or two eggs and adding a little warm milk. He records a case of violent puerperal mania successfully treated with nutrient injections, to which he added a drachm of bromide of potassium and half a drachm of chloral. In a case of gall-stones occurring in the person of a lady whose stomach was so irritable that nothing could be retained, and with whom all other remedies failed, injections of chloral in half-drachm doses were successful. In cases of menstrual pain and sickness, in uterine and ovarian irritation, and in irritable conditions of the rectum, enemata of chloral have been found most efficacious. (British Medical Journal.)

EXTIRPATION OF A MYOMA OF THE BLADDER AFTER THE LATERAL AND HIGH OPERATION FOR LITHOTOMY.—In a boy aged ten years Billroth, after repeated and careful examinations, diagnosed a tumor of the bladder of the size of a man's fist, which had been developed during the previous ten months. In order to remove the tumor the usual lateral incision into the bladder was made, and it was found that it lay on the posterior wall of the bladder. The *sectio alta* was then made,

the recti muscles cut obliquely at their insertion, and the wound in the bladder enlarged in the same direction. The attachments of the tumor were torn off with the fingers, and the bladder having been moderately inverted, the pedicle of the tumor, which was found to originate in the muscular tissue of the vesical walls, was excised. A drainage-tube was placed in the wound of the bladder, and recovery took place in about four weeks. A microscopic examination of the tumor revealed the characteristics of a myoma. (C. Gussenbauer: *Archiv für Klinische Chirurgie*, 1875; from *Centralblatt für Chirurgie*, No. 28, 1875.)

CHLORAL AS AN ANÆSTHETIC IN LABOR.—In the *Annales de Gynecologie* for May Dr. H. Chouppe has collected a large number of cases, from which he draws several important conclusions. Chloral does not diminish the contractility of uterine muscular fibers, and the suppression of pain is not due to diminution either in the intensity or frequency of the uterine contractions. When inertia, as a cause of prolonged labor, is threatened, chloral generally restores energy to the uterus. Neither infant nor mother are injured by the anæsthesia, and no evil after-effects have been observed. Chloral is especially indicated in tedious labor, in primiparæ, and in the case of nervous and hysterical patients. It should generally be given when the os is fully dilated and the expulsion pains commence; but in exceptional cases, when the patient suffers greatly, it may be given during dilatation. The dose varies from a drachm to a drachm and a half, in two doses, at an interval of half an hour, or in smaller doses at shorter intervals, if we do not desire too rapid an effect. If there is a tendency to vomiting, it may be given by the rectum.

In the *Gazetta Medica Italiana-Lombardia*, February 6th, Dr. Chiarleonli also speaks highly of chloral as a means of diminishing suffering and encouraging vigorous uterine contraction. He affirms that in cases the subjects of albuminuria

chloral is indicated, especially in relation to the prevention of convulsions. In some cases it was noticed that when the patient awakened out of the sleep induced by chloral there was an inclination to talkativeness, or even a state approaching to alcoholic intoxication. The following formula was usually employed, freshly prepared: chloral, 6 grammes; syrup, 60; water, 100. Of this a spoonful was given every ten minutes until the effect was produced. When it was considered necessary to give a larger quantity at once four grammes of chloral were dissolved in sixty of water, and administered as an enema, in two portions, with an interval of an hour. (Edinburgh Medical Journal.)

LOCAL ANAESTHESIA IN CASES OF LABOR.—Dr. Friedlander writes (*Deutsche Klinik*, No. 30, 1874) that, being called to a woman who was suffering intolerable pain in the sacral region, he resorted to an application of chloroform (one part) and ether (two parts), after having vainly tried several other means. He obtained by this means total cessation of all pain until perfect delivery. After having successfully tried the same application in a great many cases, he recommends its employment as an anodyne for the pains of parturition.

Notes and Queries.

CLAY, WEBSTER COUNTY, KY., August 30, 1875.

Prof. D. W. Yandell:

Please allow me, as your pupil, to state to you a case I had on the 6th of this month. One Mr. Nall was caught in a thresher, and the entire scrotum torn off, commencing one inch above the penis, then on each side into the groins and about half way between the scrotum and anus, stripping all the integument off the penis. After I got there I castrated according to Erichsen's method. The patient did very well, until the fourth or fifth day, with cold-water dressing (one part of carbolic acid to two hundred parts of water). About this time there appeared some symptoms of gangrene. I then applied warm applications, after which the symptoms subsided. Wound seemed to do well, with the exception of the penis. There has as yet been no integument formed on it. To-day I transplanted some from his arm. Please write soon and give me the necessary advice, and oblige

Yours very respectfully, W. I. MOORE.

P. S. If you wish, I will give you a full history of the case after it gets well.

A STATE MEDICAL SOCIETY IN ARKANSAS.—The Daily Gazette, published at Little Rock, Ark., on the 9th of September contained the following notice, signed by two hundred and six of the leading physicians of the state:

"Experience has demonstrated conclusively that wisely-conducted medical association inures to the development and growth of medical science. We therefore, the undersigned, graduates in medicine, actuated by a desire to bury all the animosities engendered by the errors of the organization of 1870, and to avoid all occasion in the future for discord, and influenced solely by that which we consider most vital to the

wants and interests of the profession in this state, do cordially invite all other medical graduates of Arkansas whose diplomas emanate from colleges recognized by the American Medical Association to meet us in mass convention, at Little Rock, on Tuesday, October 12, 1875, for the purpose of organizing a medical society for the state of Arkansas. County societies favorable to the objects contemplated by the convention are solicited to co-operate by delegates selected for that purpose, in the proportion of one delegate to every five members. The representatives of county societies will assume no priority in the convention by virtue of their delegated authority, as it is intended that each physician present shall have an equal voice with all others in forming the organic law, and in organizing a state medical society in accordance therewith."

OBITUARY.—The resident staff of the Louisville City Hospital passed the following resolutions on the death of Dr. John H. Leake:

"Whereas it has pleased an allwise Providence to snatch from us by a terrible dispensation our beloved friend and colleague, Dr. Jno. H. Leake; and whereas we, the resident staff of the Louisville City Hospital, feel that in this we have sustained an irreparable loss, and one that we deeply deplore, be it

"Resolved, That we express ourselves as profoundly grieved at this unhappy misfortune, and that we tender our most sincere and heartfelt sympathies to the family and friends of our much-lamented companion.

"Resolved furthermore, That a copy of these resolutions be published in the city papers and medical journals of this city, and that the same be sent to the family of the deceased.

"P. H. PENDLETON,
"R. N. TAYLOR,
"L. S. OPPENHEIMER.

"LOUISVILLE, KY., September 24, 1875."

CHOLERA IN THE EAST.—Dr. Cossini, of Damascus, sends to *L'Union Médicale* an account of the outbreak of cholera

at Hama, Damascus, and other places in that vicinity. At Hama, a city on the Orontes of from twenty-five to thirty thousand souls, the disease, about the middle of March, first attacked fourteen soldiers of the garrison, of whom thirteen died within a few days. Early in April it invaded the town itself, and during two months and a half there were from fifteen to twenty deaths a day. The fact that for seventy-five days the epidemic was wholly confined to Hama gave rise to the hope that it was engendered by causes wholly local, and that it would spread no further. But at length the villages near Hama, and then a city of eighteen thousand inhabitants, nearly thirty miles distant, were attacked. Meanwhile the garrison at Hama was ordered to Damascus, where it arrived about the 1st of June. On the 13th of June cholera appeared in Damascus, and rapidly spread, so that by the 4th of July it was at its height, and causing one hundred and forty to one hundred and fifty deaths daily. In fact these figures are not large enough, for the Musselmans conceal as far as they can their deaths, and probably the mortality reached at least two hundred each day. Such a panic seized the inhabitants that the streets were crowded with fugitives, many being attacked with the disease and dying on the road. Those who reached Sayta, Beyrout, and Lebanon carried the disease with them, so that almost all of Syria is invaded by cholera. At Damascus the disease is on the decline. How the disease could arise at Hama, an isolated place situated on the borders of the desert, is a mystery. As to treatment, the only remedy that seemed to Dr. Cossini to be of advantage was a mixture of chloroform with the acetate of ammonia. (Boston Medical and Surgical Journal.)

A HEAVY DOSE OF MERCURY.—“A few days ago,” says the Gilroy (Cal.) Advocate, “Mrs. Anna Babb’s little boy drank a pound of quicksilver. The child is less than three years old, and even in California is considered rather young to indulge

in so strong a beverage. He found the mercury-bottle in some rubbish in an old trunk while playing, and drank the whole, leaving but a few drops. The physician was sent for, who administered some light remedy. The child gave no other indication of having taken the mercury than drowsiness. The metal did not all leave the stomach for ten days, but he was about all the time, and is now as bright as ever." (Philadelphia Medical Times.)

GEORGE JAMES GUTHRIE, who closed his career as a military surgeon at Waterloo, is thus sketched by Mr. Clarke in his "Recollections of the Medical Profession:" "Shrewd, quick, active, and robust, he was always in good spirits and punctual at his appointments. His head was rather small, but indicative of energy and self-possession. His black piercing eyes were really remarkable. I do not recollect any member of our profession in whom these organs were finer or more characteristic. He was voluble to a fault; he talked as easily as Gratiano, but not 'an infinite deal of nothing.' This fluency tempted him occasionally to say unwise things. One of his remarks of this kind subjected him to much ridicule and annoyance. Guthrie had founded the Western Ophthalmic Hospital, and was of course the chief surgeon. He prided himself much on his skill in performing the operation for cataract. In one of his clinical lectures on this subject he foolishly said that before a man could operate successfully for cataract he must have 'put out a hatful of eyes.' This foolish remark was taken advantage of by the *Lancet*, and the new hospital was called 'the *blind* manufactory,' greatly to Mr. Guthrie's annoyance."